



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

XL Insurance America Inc.

MFDR Tracking Number

M4-17-3089-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 19, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in Dispute: \$286.98

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 6 – 23 , 2017	Outpatient Physical Therapy Services	\$286.98	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' compensation jurisdictional fee schedule adjustment

- P300 – The amount paid reflects a fee schedule reduction
- Z710 – The charge for this procedure exceeds the fee schedule allowance
- W3 – Request for reconsideration
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Are the insurance carrier's reasons for reduction of payment supported?
2. What is the applicable rule that pertains to the fee guidelines?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$286.98 for physical therapy performed in an outpatient setting from March 6, 2017 through March 23, 2017.

The insurance carrier reduced the disputed services with claim adjustment reason code P12 – “Workers’ compensation jurisdictional fee schedule adjustment.” The Division Rule that applies to Outpatient Hospital Services is found at 28 Texas Administrative Code §134.403. Section 134.403 (b) (3) and (d) states in pertinent part,

(b)(3) "Medicare payment policy" means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare

and

(d) For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided.

2. Review of the submitted codes in dispute in Addendum B at www.cms.gov finds each code has a status indicator of “A.” The definition of this status indicator is “Not paid under OPPS. Paid by MACS under a fee schedule or payment system other than OPPS.” The Medicare allowable for these are found in the Medicare Physician Fee Schedule and are subject to provisions of 28 Texas Administrative Code 134.203 (c) which states in pertinent part,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor)

The Centers for Medicare and Medicaid Services MLN Matters® Number: MM7050 states,

Medicare is applying a new Multiple Procedure Payment Reduction (MPPR) to the Practice Expense (PE) component of payment of select therapy services paid under the MPFS.

The Centers for Medicare & Medicaid Services (CMS) is applying a MPPR to the practice expense payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Full payment is made for the unit or procedure with the highest PE payment. For subsequent units and procedures, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment for the PE for services furnished in office settings and other non-institutional settings and at 75 percent payment for the PE services furnished in institutional settings.

The fee calculations based on the applicable Medicare payment policy is found below.

- Procedure code 97140, March 6, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14.
 - Procedure code 97110, March 6, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$38.82.
 - Procedure code 97140, March 15, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14 at 2 units is \$72.28.
 - Procedure code 97110, March 15, 2017. This code has the highest PE for this date. The first unit is paid at \$50.84. The PE reduced rate is \$38.82 at 2 units is \$77.64. The total is \$128.48.
 - Procedure code 97140, March 16, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14.
 - Procedure code 97110, March 16, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$38.82 at 2 units is \$77.64.
 - Procedure code 97112, March 16, 2017. This code has the highest PE for this date. The first unit is paid at \$52.98.
 - Procedure code 97140, March 20, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14.
 - Procedure code 97110, March 20, 2017. This code has the highest PE for this date. The first unit is paid at \$50.84. The PE reduced rate is \$38.82. The total is \$89.66.
 - Procedure code 97116, March 20, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$33.88.
 - Procedure code 97140, March 22, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14.
 - Procedure code 97110, March 22, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$38.82 at 2 units is \$77.64.
 - Procedure code 97116, March 22, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$33.88.
 - Procedure code 97112, March 22, 2017. This code has the highest PE for this date. The first unit is paid at \$52.98.
 - Procedure code 97140, March 23, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$36.14.
 - Procedure code 97110, March 23, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$38.82 at 2 units is \$77.64.
 - Procedure code 97116, March 23, 2017. This code does not have the highest PE for this date. The PE reduced rate is \$33.88.
 - Procedure code 97112, March 23, 2017. This code has the highest PE for this date. The first unit is paid at \$52.98.
 - Procedure code 97162, March 6, 2017. This code has the highest PE for this date. The first unit is paid at \$127.07.
3. The total allowable reimbursement for the services in dispute is \$1,130.51. This amount less the amount previously paid by the insurance carrier of \$1,357.55 leaves an amount due to the requestor of \$0.00. No additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	July 26, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.